

Case Number:	CM14-0055591		
Date Assigned:	07/09/2014	Date of Injury:	02/14/2014
Decision Date:	08/25/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California and Washington. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28-year-old female who reported an injury on 02/14/2014. The manager reportedly grabbed the injured worker on the right wrist. On 04/23/2014, the injured worker presented with right shoulder weakness and stated that Norco resulted in shortness of breath. The injured worker discontinued use of Norco. Upon examination of the right shoulder, there was tenderness to palpation over the parascapular, acromioclavicular joint, sternoclavicular joint, and scapula. There was a positive impingement sign and a decreased active range of motion. The examination of the cervical spine revealed an antalgic left head tilt, tenderness to palpation over the bilateral paraspinal with spasm and a positive axial compression test with decreased active range of motion. The diagnoses were right shoulder signs and symptoms of impingement, rule out internal derangement, cervical spine signs and symptoms, rule out right upper extremity radiculopathy, and anxiety, sleep loss, and stress. Prior therapy included medications. The provider requested an interferential unit for pain management. The Request for Authorization Form was not included in the medical documents reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Interferential Unit for pain management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 03/27/14), Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The request for interferential unit for pain management is not medically necessary. The California MTUS Guidelines do not recommend a stimulation care unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise, and medications. It may be recommended if pain is ineffectively controlled with medication, medication intolerance, history of substance abuse, significant pain from postoperative conditions that limits the ability to perform exercise programs/physical therapy treatment, or unresponsiveness to conservative measures. The medical documentation notes that the injured worker has had ineffective treatment due to Norco with excessive side effects. However, there is no mention of non-opioid treatments or a lack of unresponsiveness to other conservative measures to include home exercise. Additionally, the requesting physician did not include an adequate and complete assessment of the injured worker's objective functional condition, which would demonstrate deficits needing to be addressed, as well establish a baseline by which to assess objective functional improvement over the course of therapy. In addition, the provider does not indicate the site at which the interferential unit was indicated in the request as submitted. As such, the request is not medically necessary.